ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Community Hospital of Bremen

Year: 2003 City: Bremen Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue				
Inpatient Patient Service Revenue	\$2,521,218			
Outpatient Patient Service Revenue	\$7,554,689			
Total Gross Patient Service Revenue	\$10,075,907			
2. Deductions from Rev	venue			
Contractual Allowances	\$2,769,885			
Other Deductions	\$87,746			
Total Deductions	\$2,857,631			
3. Total Operating Rev	venue			
Net Patient Service Revenue	\$7,218,276			
Other Operating Revenue	\$131,959			
Total Operating Revenue	\$7,350,235			
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4. Operating Expenses	
Salaries and Wages	\$3,199,159
Employee Benefits and Taxes	\$624,981
Depreciation and Amortization	\$258,554
Interest Expenses	\$48,648
Bad Debt	\$220,288
Other Expenses	\$2,863,125
Total Operating Expenses	\$7,214,755
5. Net Revenue and Expens	ses
Net Operating Revenue over Expenses	\$135,480
Net Non-operating Gains over Losses	\$0
Total Net Gain over Loss	\$135,480

6. Assets and Liabilities			
Total Assets	\$4,207,772		
Total Liabilities	\$4,207,772		

Statement Two: Contractual Allowances						
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue			
Medicare	\$4,571,597	\$1,404,848	\$3,166,752			
Medicaid	\$469,708	\$378,456	\$91,252			
Other State	\$0	\$0	\$0			
Local Government	\$0	\$0	\$0			
Commercial Insurance	\$5,034,602	\$1,074,330	\$3,960,272			
Total	\$10,075,907	\$2,857,631	\$7,218,276			

Statement Three: Unique Specialized Hospital Funds					
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment		
Donations	\$0	\$0	\$0		

Educational	\$4,585	\$455,890	(\$451,305)
Research	\$0	\$0	\$0

Number of individuals estimated by this hospital that are involved in edu	cation
Number of Medical Professionals Trained In This Hospital	105
Number of Hospital Patients Educated In This Hospital	40,327
Number of Citizens Exposed to Health Education Message	8,000

Statement Four Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County	Marshall	Community	Rural population in Marshall County and southwest
Location		Served	Elkhart County

Hospital Mission Statement

To provide progressive family-oriented health care in an atmosphere of Christian love and concern to all regardless of age, sex, race, religion, handicapping conditions, diagnosis, or financial status.

Unique Services		Type of Initiative	es	Document Avail	able
Medical Research	NO	Disease Detection	YES	Community Plan	YES

Professional Education	YES	Practitioner Education	YES	Annual Statement	NO
Community Education	YES	Clinic Support	YES	Needs Assessment	2001

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2001	2002	2003
Persons served in last twelve months	82	92	NR
Charity Care Allocation	(\$148,015)	(\$103,533)	(\$65,169)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
All Programs	(\$136,035)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients	(\$65,169)
unable to pay, to patients covered under government	
funded programs, and for medical education, training.	
2. Community Health Education	(\$64,415)
3. Community Programs and Services	(\$136,035)
4. Other Unreimbursed Costs	\$0
5. Total Costs of Providing Community Benefits	(\$265,619)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

For further information on these initiatives, contact:

Hospital Representative: Scott Graybill

Telephone number: 574/546-2211

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	89	645
2. % of Salary	Salary Expenses divided by Total Expenses	44.3%	39.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	2.7	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	2.8	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$2,745	\$4,378
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$7,043	\$11,927
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	75.0%	52.3%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$184	\$847

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	45.4%	43.1%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	3.1%	5.5%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$65,169)	(\$1,065,673)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	1.8	5.0

Notes:

- 1. NR = Not Reported
- 2. See Statewide Results for definitions of terms.